



# FORM 21

## Initial Appointment

**Submit within 10 days after officer appointment to:**

Department of Criminal Justice Services  
202 N. Ninth Street, Richmond, VA 23219  
*Please type or print clearly*

**Officer's Current Name: (Last, First, Middle Initial)**

**Social Security Number:**

**Date of Birth:**

**Gender: (Optional-for statistical purposes only)**

☐ Female ☐ Male

**Race: (Optional-for statistical purposes only)**

- ☐ African-American ☐ Hispanic  
☐ Asian/Pacific Islands ☐ American Indian  
☐ Caucasian ☐ Other

**Education:**

- ☐ Less than high school ☐ Associate Degree  
☐ High school or equivalent ☐ Four Year Degree  
☐ Some college ☐ Post Graduate Degree

**Appointing Agency/Department:**

**Date Appointed/Hired:**

**Rank:**

**Check the correct status:**

- ☐ Full time  
☐ Part time (Compensated more than 80 hours annually)  
☐ Auxiliary (§15.2-1731, Paragraph B only)

**Designate Primary Function:** (Designate below what primary function the officer will perform by checking one only)

- ☐ Law Enforcement Officer  
☐ Jail Officer/Inmate Security  
☐ Court Security/Civil Process Officer  
☐ Dispatch/Communications Officer  
☐ DOC Corrections Officer  
☐ DOC Non-Custodial Officer  
☐ Animal Control Officer  
☐ Instructor Only

**For Secondary Functions:** *Please list all secondary functions for which you will require training and certification*

- ☐ Law Enforcement Officer ☐ Dispatch/Communications Officer ☐ Animal Control Officer  
☐ Jail Officer/Inmate Security ☐ Court Security/Civil Process Officer

**Section 15.2-1705, Code of Virginia, requires all police officers, deputy sheriffs, law enforcement officers and Regional Jail Officers, defined in Section 9.1-101, Code of Virginia, to meet minimum employment qualifications prior to employment. Is this officer in compliance with Section 15.2-1705, Code of Virginia (1950), as amended?** ☐ Yes ☐ No

**Attest: I CERTIFY that the above statements are true and correct to the best of my knowledge and that I am authorized to submit this information. (Print or type name and Sign Form)**

Submitted by: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMIT BLUE COPY • RETAIN WHITE COPY FOR YOUR RECORDS**